GROUP FORMATION FORM

INFT3800 – PROFESSIONAL PRACTICE IN IT

GROUP NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (TO BE FILLED BY LECTURER)

GROUP MEMBERS:

I agree to participate in the mentioned group for INFT3800 Assessment 4

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| **Student ID** | **Name** | **Signature** |
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